



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS, AND
MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive, Macon, Georgia 31217-3858
(478) 207-2440 [Telephone] * (866) 888-7130 [Fax]
www.sos.state.ga.us/plb/counselors

MARRIAGE AND FAMILY THERAPY
DIRECT CLINICAL EXPERIENCE VERIFICATION
FORM D

INSTRUCTIONS: NO FAXED FORMS ACCEPTED

- Please type or print clearly. For additional forms, please photocopy. This is a 2-sided form. Do not copy as two separate pages.
- Complete a separate form for each experience listed on your Application.
- Documented experience must meet the minimum requirements set out in Board Rule 135-5-.06.
- **Applicant** – Complete Part I.
- **Director of Clinical Experience** - Complete Part II.

PART I - TO BE COMPLETED BY APPLICANT

Name: _____ Social Security #: _____

Address: _____
Street City State Zip

Employer: _____

Address: _____
Street City State Zip

Position/Title: _____

Description of Responsibilities: _____

The Clinical Experience was in the practice of: ☐ MFT ☐ PC ☐ SW

DATES OF EXPERIENCE: FROM: _____ TO: _____
Month/Year Month/Year

DURATION OF EXPERIENCE: TOTAL YEARS: _____ TOTAL MONTHS: _____

HOURS OF CLINICAL EXPERIENCE IN A TYPICAL WEEK
[Do not indicate a range of hours — e.g. 5 to 10]

CLINICAL ACTIVITY (Weekly)	TYPE OF CLIENT	
	Individual	Couple/Family
A) Client contact as therapist	# of Hours: _____	# of Hours: _____
B) Case staffing [group discussion of a case]	# of Hours: _____	# of Hours: _____
C) Supervision [As a supervisee]	# of Hours: _____	# of Hours: _____
D) Other clinically related activities (See Board Rule 135-5-.06(a)9)	# of Hours: _____	# of Hours: _____

ATTESTATION

I attest that the above information is a true and accurate representation of my Direct Clinical Experience.

Date Signature of Applicant

Printed Name

PART II - TO BE COMPLETED BY THE DIRECTOR OF CLINICAL EXPERIENCE

INSTRUCTIONS:

- "Direction" means the ongoing administrative oversight by an employer or supervisor of a special practitioner's work. Direction may be provided by any person acceptable to the standards committee for that specialty in which the practitioner is working. The Director shall be responsible for assuring the quality of the services rendered by the practitioner and shall ensure that qualified supervision or intervention occurs in situations which require expertise beyond that of the practitioner.
- An "Employer" is a person who employs the services of others; one for whom employees work, who has the right to control and direct the person who performs services, and who pays their wages or salaries or other monetary consideration for their services.
- Please review the Applicant's description of his/her Directed Clinical Experience. If you have any additional information which would assist the Board in making a decision on licensure for this Applicant, please provide that information below.
- Complete A or B below, as applicable and **sign before a Notary Public**.

ADDITIONAL INFORMATION:

A - ACTUAL DIRECTOR

OATH:

I attest that I provided the direction, as prescribed by law, of the Direct Clinical Experience described on this Application and that this description is a true and accurate representation of this Applicant's experience.

Date

Signature of Director

Printed Name

Name of Site: _____

Address: _____
Street City State Zip

Work Phone: () Home Phone: () Fax: ()

B - CURRENT DIRECTOR

OATH:

I attest that the person who provided this Applicant's direction cannot be located, that I am the current Director and can verify this Applicant's experience based upon a review of the available records. After a diligent and thorough search of available records, I attest that the description above of this experience is a true and accurate representation of this Applicant's experience.

Date

Signature of Current Director

Printer Name

Name of Site: _____

Address: _____
Street City State Zip

Work Phone: () Home Phone: () Fax: ()

**Subscribed to and sworn before me
this ____ day of _____, _____.**

Notary Public
My Commission Expires: _____.

NOTARY SEAL